

APPLICATION FOR BUILDING PERMIT

COUNTY OF LOS ANGELES
DEPARTMENT OF COUNTY ENGINEER
BUILDING AND SAFETY DIVISION
JOHN A. LAMBIE, COUNTY ENGINEER
COLEMAN W. JENKINS, Supt of Building

FOR APPLICANT TO FILL IN

BUILDING ADDRESS **8146 E. ORANGE ST.**LOT NO. **24** BLOCKTRACT **20382**

SIZE OF LOT

NO. OF BLDGS.
NOW ON LOT **1**USE OF EXISTING BLDG. **DWELLING & GARAGE**OWNER **TOMMY BROCK** TEL. NO. **AT 83843**ADDRESS **8146 E. ORANGE ST.**CITY **So. SAN GABRIEL**ARCHITECT OR ENGINEER **Wm. FERRELL** TEL. NO.

ADDRESS

CONTRACTOR **CALIF. POOLS** TEL. NO. **AT 62044**ADDRESS **8806 E. LASTUNAS** LIC NO. **185102**CITY **SAN GABRIEL** LIC CLASS **C-51**

DESCRIPTION OF WORK

NEW ADD ALTER REPAIR DEMOLISH

SQ. FT. SIZE **528** NO. OF STORIES NO. OF FAMILIESUSE OF STRUCTURE **Priv. SWIM POOL**STD. **20928**SIGNATURE OF APPLICANT **Arnold H. Green**VALUATION \$ **3000**P.C. FEE \$ **3.75**PMT. FEE \$ **15.00**

I HEREBY ACKNOWLEDGE THAT I HAVE READ THIS APPLICATION AND STATE THAT THE ABOVE IS CORRECT AND AGREE TO COMPLY WITH ALL COUNTY ORDINANCES AND STATE LAWS REGULATING BUILDING CONSTRUCTION. I CERTIFY THAT IN DOING THE WORK AUTHORIZED HEREBY I WILL NOT EMPLOY ANY PERSON IN VIOLATION OF THE LABOR CODE OF THE STATE OF CALIFORNIA RELATING TO WORKMEN'S COMPENSATION INSURANCE.

SIGNATURE OF PERMITTEE **Arnold H. Green**ADDRESS **8806 E. LASTUNAS**BUILDING ADDRESS **8146 E. Orange**
LOCALITY **So. San Gabriel**
NEAREST CROSS ST. **Pallock St.**DISTRICT NO. **5** GROUP **Pool** TYPE CONST. **III** PROCESSED BY **J. P. Housh.**STATISTICAL CLASSIFICATION CLASS NO. **21** DWELL UNITS **-** SEWER MAP BK **R** PG **105**USE ZONE **A1** MAP NO. SPECIAL CONDITIONS

BLDG. SETBACK FROM FRONT PROP. LINE OF (STREET)

TYPE OF HIGHWAY	EXISTING WIDTH	SETBACK FROM C.L.	HIGHWAY + YARD = TOTAL
	60	30	+ 20 = 50

BLDG. SETBACK FROM SIDE PROP. LINE OF (STREET)

TYPE OF HIGHWAY	EXISTING WIDTH	SETBACK FROM C.L.	HIGHWAY + YARD = TOTAL
			+ =

CORNER CUTOFF YES ☐ NO ☐

SEE REVERSE SIDE FOR SPECIAL APPROVALS

APPROVALS DATE INSPECTOR'S SIGNATURE

FOUNDATION, LOCATION FORMS, MATERIALS	2/11/65	D. H. H.
FRAME, FIRE STOPS, BRACING BOLTS		
FURNACE: LOCATION GAS VENT. DUCTS		
LATH. INT.		
LATH. EXT.		
HOUSE NUMBER CORRECT AND POSTED		
FINAL	3/30/65	J. P. H.

JOHN F. LEWIS, PRINCIPAL STRUCTURAL ENGINEER

PERMIT VALIDATION CK. M.O. CASH

PLAN CHECK VALIDATION

LACo 82718 FEB 4 21 A

3.75~

LACo 82728 FEB 4 1 A 15.00~

Bonham

INSPECTOR COPY

APPLICATION FOR BUILDING PERMIT

COUNTY OF LOS ANGELES
DEPARTMENT OF COUNTY ENGINEER
BUILDING AND SAFETY DIVISION
JOHN A. LAMBER COUNTY ENGINEER
JOHN A. LAMBER COUNTY OF BUILDING

FOR APPLICANT TO FILL IN

ADDRESS: 3146 E. ORANGE ST.
CITY: 20 SAN GABRIEL
STATE: CALIF.
ZIP: 91030

CONTRACTOR: LAMBER, JOHN A.
ADDRESS: 3146 E. ORANGE ST.
CITY: 20 SAN GABRIEL
STATE: CALIF.
ZIP: 91030

DESCRIPTION OF WORK: 20 SAN GABRIEL
CITY: 20 SAN GABRIEL
STATE: CALIF.
ZIP: 91030

DATE: 10/28/88
BY: [Signature]

APPROVAL: [Signature]
DATE: 10/28/88

ADDRESS: 3146 E. ORANGE ST.
CITY: 20 SAN GABRIEL
STATE: CALIF.
ZIP: 91030

NOT REQUIRED	RECEIVED OR REQUIRED
WATER CERTIFICATE	
ROAD DEPT. APPROVAL	
HEALTH DEPT. APPROVAL	
FIRE DEPT. APPROVAL	
GRADING APPROVAL	
GEOLOGICAL APPROVAL	
PEDESTRIAN PROTECTION (FENCE) (CANOPY)	
SPECIAL INSPECTION ON (CONC.) (MASRY.) (WELDG.)	

SEE REVERSE SIDE FOR SPECIAL APPROVALS

APPROVALS: [Signature]
DATE: 10/28/88

FOUND: [Signature]
DATE: 10/28/88

FINAL: [Signature]
DATE: 10/28/88

PLAN CHECK VALIDATION: 3.75
PERMIT VALIDATION: 1.50
TOTAL: 5.25

APPLICATION FOR ELECTRICAL PERMIT

1

COUNTY OF LOS ANGELES
DEPARTMENT OF COUNTY ENGINEER
BUILDING AND SAFETY DIVISION
JOHN A. LAMBIE, COUNTY ENGINEER
WILLIAM A. JENSEN, SUP'T OF BUILDING

FOR APPLICANT TO FILL IN

RECEPT.	TOTAL OUTLETS	FIRST 20	NO.	EACH	FEE
1	3			\$.20	60
LIGHT		ADD'L OVER 20		.10	
SWITCH.					
LIGHTING FIXTURES	1	FIRST 20		.20	20
		ADD'L OVER 20		.10	
RANGES	CLO. DRYERS	WTR. HTRS.		1.00	
GARB. DISP.	STA. COOK				
DISHWASH.	AUTO.-WASH.				
SPACE HTRS.	STA. APP. (1/2 H.P. MAX.)			.50	
MOTORS:	OVER	NOT OVER	H.P.		
	0	1	1	1.00	100
	1	3		1.50	
	3	8		2.00	
	8	15		2.50	
	15	50		3.00	
	50	100		5.00	
SIGNS:	NO. TRANS.				
	NO. LAMPS				
SERVICE 0-600V.-NOT OVER 200A				1.00	
SERVICE 0-600V.-OVER 200 A.				2.00	
SERVICE OVER 600V				5.00	
MISC.					
PERMIT ISSUING FEE				2.00	2
SUPPLEMENTARY PERMIT ISSUING FEE				1.00	
TOTAL FEE				\$	3.80

I HEREBY ACKNOWLEDGE THAT I HAVE READ THIS APPLICATION AND STATE THAT THE ABOVE IS CORRECT AND AGREE TO COMPLY WITH ALL COUNTY ORDINANCES AND STATE LAWS REGULATING ELECTRICAL WIRING.

I HEREBY CERTIFY THAT I AM PROPERLY REGISTERED AND/OR LICENSED AS REQUIRED BY LOS ANGELES COUNTY AND STATE OF CALIFORNIA OR THAT I AM THE LEGAL OWNER OF THE ABOVE DESCRIBED RESIDENTIAL PROPERTY

SIGNATURE OF PERMITTEE

Arnold H. Green

VALIDATION

CK MO CASH

ARTHUR C. VEIT
SUPERVISING ELECTRICAL ENGINEER

LAC 82736 FEB 4 2 A 3.80~

Bonham

BUILDING ADDRESS	8146 E. ORANGE ST.		
LOCALITY	So. SAN GABRIEL		
NEAREST CROSS ST.	Pallock -		
OWNER	JOHN BROCK		
MAIL ADDRESS	8146 E. ORANGE ST.		
CITY	So. SAN GAB	TEL. NO.	AT 83843
ELECTRICIAN	R. COBINE		
ADDRESS	201 CHARNWOOD		
CITY	L.A.	TEL. NO.	
STATE LICENSE NO.	187004		

DISTRICT NO.	GROUP	ZONE	PROCESSED BY
5	Pool	A1	J. Pouch

INSPECTION RECORD

2/11/65 P607 Grounded p20

220

APPROVALS	DATE	INSPECTOR'S SIGNATURE
CONDUIT		
WIRING	3/4/65	D2V4
FIXTURES		
POWER		
UTILITY CO. NOTIFIED	3/30/65	D2V4
FINAL		

INSPECTOR COPY

APPLICATION FOR MEDICAL PERMIT

NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____
ZIP: _____

DATE: _____
TIME: _____
PLACE: _____
BY: _____

REASON FOR REQUEST: _____
PHYSICIAN'S NAME: _____
PHYSICIAN'S ADDRESS: _____
PHYSICIAN'S CITY: _____
PHYSICIAN'S STATE: _____
PHYSICIAN'S ZIP: _____

PHYSICIAN'S SIGNATURE: _____
PHYSICIAN'S TITLE: _____
PHYSICIAN'S LICENSE NO.: _____
PHYSICIAN'S EXPIRATION DATE: _____

RECEIVED

RECEIVED

APPROVED
DATE: _____
BY: _____

Bonham

APPLICATION FOR PLUMBING PERMIT

PLUMBING PERMIT
CITY OF LOS ANGELES
DEPARTMENT OF PUBLIC WORKS
DIVISION OF PLUMBING

PLUMBING PERMIT

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